

# ACR #114 Legislative Task Force on Diabetes and Obesity

## MINUTES

MARCH 10, 2008 3:00 P.M. - 5:10 P.M.

STATE CAPITOL

MEETING CALLED BY	Task Force Chair, Assembly Member Joe Coto
TYPE OF MEETING	Task Force 3rd Meeting
FACILITATOR	Chair, Joe Coto
TASK FORCE MEMBERS PRESENT (IN PERSON)	Assembly member Joe Coto, Assembly member Mervyn Dymally, Assembly member Mary Salas, Assembly member Mary Hayashi, Assembly member Kevin De León, Dr. M.R.C., Greenwood, Dr. Craig Byus, Dr. Rudy Ortiz, Dr. Freny Mody, Dr. Joe Prendergast, Dr. Patricia Crawford, City Councilmember Henry Perea (12)
PRESENTERS	Dr. Scott Gee, Kaiser Permanente, Dr. Daniel Delgado, Early Childhood Obesity Clinic and the FIRST 5 Collaborative Task Force Results – Jolene Smith, Executive Director FIRST 5, Michelle Wexler and Joanne Seavey-Hultquist, First 5
OTHER ATTENDEES	Kirk Kleinschmidt (Kaiser), Patty Cooper (The Biotechnology Foundation); Larry Salinas (UC Merced), Maria Robles, Felipe Perez (Senator Padilla's office), Dr. Susan Kelly (President of Charles Drew University of Medicine and Science)
RESOURCE STAFF	Jessica Golly, Lorraine Guerin (Office of Assembly member Coto)

## Agenda

10 MINUTES

### WELCOME AND REVIEW OF HIGHLIGHTS OF LAST MEETING

ASSEMBLYMEMBER JOE COTO

DISCUSSION	<p>Assembly member Coto briefly summarized the discussion from the previous meeting. He highlighted the following facts:</p> <p>Obesity in California:</p> <ul style="list-style-type: none"> <li>▪ is highest among Latinos, African American's, American Indians and Pacific Islanders</li> <li>▪ is highest among low income Californians</li> <li>▪ has increased in adolescence significantly</li> <li>▪ 5.6 million adults are obese and an additional half million adolescents are overweight or obese</li> <li>▪ Overweight prevalence among teens is higher among Latinos and African Americans than whites.</li> </ul> <p>Diabetes in California</p> <ul style="list-style-type: none"> <li>▪ Is the 5<sup>th</sup> leading cause of death by disease in the US</li> <li>▪ Economic costs in 2002 nationwide estimated at \$132 billion (or 1 out of every 10 health care dollars spent)</li> <li>▪ California economic costs are 21.7 billion a year</li> <li>▪ Approximately 1.8 million Californians (7%) have diabetes.</li> <li>▪ Prevalence is higher among Latinos, African Americans and American Indians</li> <li>▪ Prevalence is highest among low-income</li> <li>▪ Causes include inadequate recreational spaces and family economics and marketing practices: <ul style="list-style-type: none"> <li>○ Lack of safe parks and sidewalks</li> <li>○ Cost of healthy food is higher</li> <li>○ Cost of fast food is more affordable to the high risk population</li> <li>○ Healthy foods marketed poorly</li> <li>○ Aggressive marketing of unhealthy foods and beverages to the higher risk populations</li> </ul> </li> </ul> <p>Mr. Coto highlighted 2 other points made in previous presentations – because of the dramatic increase in the incidence of diabetes, this generation will be the first that may not outlive their parents and if the trends continue within another 20 to 30 years everyone in California will be diabetic. He also highlighted Assembly member Dymally's comment at the previous meeting about the stretch of highway in his district that has 72 fast food restaurants within a few mile stretch of the freeway.</p>
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<b>CONCLUSIONS</b>	Everyone agreed that the issue is at crisis level and demands a lot of attention

20 MINUTES

**PRESENTATION ON KAISER PERMANENTE'S  
CLINICAL AND ENVIRONMENT APPROACH**

**DR. SCOTT GEE,  
KAISER PERMANENTE**

<b>DISCUSSION</b>	<p>Dr. Gee provided a brief overview of Kaiser, highlighting their long term commitment to quality health care, the large number of people they serve (8.2 million nationwide, 6.2 in California), and their work in the area of obesity and diabetes. He reviewed Kaiser's 3 prong approach to obesity – medical office interventions, weight management interventions and environmental changes.</p> <p>Dr. Gee provided in-depth overview of the results of a successful pilot community intervention program Kaiser implemented in Somerville, Massachusetts. The BMI z-score in children was reduced in a very short time which is difficult to achieve. The program addressed comprehensive actions, providing before, during and after school activities as well as strategies for the home and the community environment. A similar approach is being implemented in communities in Modesto, Santa Rosa and Richmond.</p> <p>Dr. Gee concluded that everyone has a responsibility when it comes to addressing obesity and diabetes. He indicated that the 3 key areas for him would be: 1) Making communities more conducive to outside activities – sidewalks for walking, bike paths, recreational parks, etc. 2) Engaging key leaders to be spoke persons for the epidemic and informing the public of how critical it is to take actions now to reverse the trends, and 3) Establishing enforcement procedures and funding to ensure laws that are passed to address the issue are enforced. He also said that if SB 12 were implemented properly it would make a tremendous difference in California.</p>
<b>PRESENTATION HIGHLIGHTS</b>	A copy of the full PowerPoint presentation will accompany the minutes and be posted on the Latino Caucus website.
<b>QUESTIONS/ COMMENTS</b>	<p>There was a question asked about whether the schools were required to issue a fitness report card. The response was that there is a Fitness test for 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> graders but it doesn't address BMI, students have to meet certain physical standards.</p> <p>Another question was asked about role the Planning Commissions play in limiting fast food establishments. The response was that it varied among cities.</p>

30 MINUTES

**EARLY CHILDHOOD OBESITY PREVENTION**

**Dr. Daniel Delgado, Early Childhood Obesity Clinic and the FIRST 5 Collaborative Task Force Results – Jolene Smith, Executive Director FIRST 5 Michelle Wexler and Joanne Seavey-Hultquist, FIRST 5**

<b>DISCUSSION</b>	<p>Dr. Delgado reviewed a few statistics to complement the information Assembly member Coto had shared at the opening of the meeting and emphasized the critical nature of the problem. He shared a map of the United States and showed how quickly the rates of obesity have increased across the country. The visuals were dramatic and demonstrated the need for urgent actions. Dr. Delgado also discussed the impact that obesity has had on California's children and the medical conditions that are resulting from overeating and eating the wrong types of foods. The First 5 team reviewed the actions Santa Clara County Early Childhood Obesity Collaborative is initiating to reduce the incidence of obesity and they offered some legislative actions that could be taken.</p>
<b>PRESENTATION HIGHLIGHTS</b>	A copy of the full PowerPoint presentation will accompany the minutes and be posted on the Latino Caucus website.
<b>QUESTIONS/ COMMENTS</b>	<p>There was a question about the current requirement for PE in grades k-12. the response was that schools are required to provide instruction in physical education for a total period of time of not less than 200 minutes for every 10 days in grades 1-6 and for a total period of time of not less than 400 minutes for every 10 days for grades 7-12. However, there is no monitoring to ensure this requirement is enforced. Other comments included:</p> <ul style="list-style-type: none"> <li>• Other states have new nutritional guidelines for schools that we should be looking at to see if we can implement them in our schools</li> <li>• There needs to be restrictions on advertising – size of portion, use of popular cartoon or super heroes to promote items, proximity of billboards advertising fast foods close to elementary schools, etc.</li> <li>• Campuses should be junk free zones</li> <li>• There should be mandated training for physicians on obesity</li> <li>• There should be a Diabetes Prevention tax on junk food</li> <li>• Packaging should indicate real serving size – 99 cent package of chips, should state 1 serving and show total calories.</li> <li>• Parents need training on portions and calories</li> <li>• Telemedicine should be utilized to assist people in managing their diabetes</li> <li>• There should be nutritional guidelines for pre-schools and childcare centers</li> </ul>

	<ul style="list-style-type: none"> <li>We should implement PR and legislative campaigns similar to the ones used for Trans Fat, MSG and Tobacco.</li> </ul>
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15 MINUTES

## SUMMARY OF RECOMMENDATIONS

ASSEMBLY MEMBER CHAIR, JOE COTO

DISCUSSION	Assembly member Coto provided an overview of the major recommendations that had come out of the previous meetings. There were 5 key topic areas: 1) Require Physical Exercise, 2) Improve Access to Healthy Foods in Low Income Communities, 3) Promote Healthy Eating, 4) Utilize technology, 5) Require/Promote Public Education Campaign. He highlighted the recommendations received under each of the key areas.
PRESENTATION HIGHLIGHTS	A copy of the full PowerPoint presentation will accompany the minutes and be posted on the Latino Caucus website.
SUMMARY AND CONCLUSIONS	Recommendation was made to have companies who have successfully implemented health activities in the work place to reduce obesity and diabetes, present at the next meeting. Examples included: UPS, Mayo Clinic, Johnson & Johnson, Hanford Dr. Greenwood volunteered to assist with the next meeting agenda and presentations.
5 MINUTES	<b>Next Steps</b>
DISCUSSION	Assembly member Coto thanked everyone for participating and providing expert knowledge, insight and comments. He acknowledged the presenters. He discussed possible topics for the next meeting. Dr. M.R. C. Greenwood agreed to help develop the next agenda. Everyone was invited to dinner at Ella's sponsored by <b>California Biotechnology Foundation</b> .

Adjourned: 5:15p.m.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Development of Next Agenda	Dr. M.R.C., Greenwood/ Assembly member Coto/Lorraine Guerin	March 30, 2008
Dissemination of minutes to all	Lorraine Guerin/Jessica Golly	March 20, 2008